



# Field Medical Readiness Badge (FMRB) Self-Nomination Form



## Officer Information

Last Name	First Name	PHS Serial Number
PHS Category	Primary Deployment Role	Roster

## Criteria

	Officer Initials	CCRF Use Only	
1 Current BLS Copy of BLS Card (Front and Back)			
2 Height/Weight Standards Form FMRB(a) verified and signed by Provider			
3 Professional Currency Form FMRB(b) completed and signed by supervisor of 112 hours			
4 Current Immunizations PHS-731 with provider signatures/stamps or official institution immunization record			
Hep A #1			
Hep A #2			
Hep B #1			
Hep B #2			
Hep B #3			
Hep B TITER			
Influenza ('02-'03)			
MMR #1			
MMR #2			
Polio Booster			
TD ('93-'03)			
Varicella			
PPD ('02-'03)			
5 Current Annual Physical Fitness Test (APFT) Form FMRB(c) completed and signed by evaluator			
Additional Items (verified by CCRF)			
6 Current Licensure			
7 Training Modules			
8 Physical Exam within 5 years			
9 Current Login/Update			

## CCRF Use Only

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# **Field Medical Readiness Badge (FMRB)**

## **Self-Nomination Form**

### **INSTRUCTIONS**

#### **General Information**

Officers wishing to apply for the FMRB must submit the FMRB Self-Nomination Form and supporting documentation. Officers must submit complete self-nominations by the posted deadline for that award cycle. Self-nominations that are not complete will not be considered for the FMRB and officers will be required to resubmit during the next award cycle.

All self-nominations should be mailed to:  
Commissioned Corps Readiness Force  
ATTN: FMRB Self-Nomination  
12300 Twinbrook Parkway Suite 360  
Rockville, MD 20857

Or faxed:  
TO: CCRF  
RE: FMRB Self-Nomination  
301-443-3119

#### **Qualifications**

1. An officer must be an active member of the CCRF
2. An officer must be a member of a CCRF Ready Roster (including the Holding Roster)
3. An officer must possess a current license or certification as required by his/her discipline
4. An officer must have current Basic Life Support certification in one of the following courses
  - a. American Heart Association's BLS for Healthcare Providers
  - b. American Red Cross' CPR for the Professional Rescuer
5. An officer must have a physical examination no older than five years on file with the Medical Affairs Branch.
6. An officer must meet the PHS Height/Weight Standards employed by Medical Affairs Branch (CCPM Pamphlet #46, February, 1997 "Guiding Medical Standards for the Commissioned Corps of the U.S. Public Health Service").
7. An officer must successfully complete the Annual Physical Fitness Test (APFT)
8. An officer must complete the "Vaccine Requirements for Commissioned Corps Readiness Force (CCRF) Officers".
9. An officer must complete the CCRF web-based training modules. An officer must test out for each module with a score of 80% or above.
  - a. CCRF Core – must be completed by all categories
  - b. CCRF Clinical – must be completed by Medical, Nurse, Dentist, Veterinarian, Physician Assistant
10. An officer must be clinically current - determined by working a minimum of 112 hours per calendar year in this clinical role.
11. All officers must login to the CCRF database and update their personal information on file every three months.

## Self-Nomination Procedures

1. The officers must download and complete the FMRB Self-Nomination Form ([http://oep.osophs.dhhs.gov/ccrf/Forms/FMRB\\_nomination.htm](http://oep.osophs.dhhs.gov/ccrf/Forms/FMRB_nomination.htm))
2. The officer must complete the Officer Information Section of the form. Remember that your roster number can be found on the Officer Summary Page of the CCRF website. Officers assigned to the Holding Roster ARE still eligible.
3. The Criteria Section of the form serves as a checklist for the officer and allows the officer to confirm that each of the criteria has been met and that appropriate documentation has been provided.
4. DO NOT WRITE IN ANY GRAY AREA OF THE FORM
5. Provide appropriate documentation for each criteria and initial that the criteria has been met.
  - a. Current BLS – The officer must provide a copy of the front and back of the signed BLS card. Only AHA BLS for Healthcare Providers or ARC CPR for Professional Rescuers is acceptable.
  - b. Height/Weight Standards – The officer must provide a copy of FMRB(a) (or equivalent form) indicating current height and weight and signed by a primary care provider.
  - c. Professional Currency – The officer must provide a copy of FMRB(b) (or equivalent form) indicating the completion of a minimum of 112 hours clinical hours complete within the last year. This form must be completed and signed by the supervisor of those 112 hours (not necessarily your immediate supervisor).
  - d. Current Immunizations – The officer must provide a copy of the PHS-731 or official institutional immunization record (e.g., AIMS Surveillance form). The PHS-731 must contain complete documentation of the required immunizations and must include signatures or stamps of primary care providers or authorized medical transcriptionist. The officer must indicate on the Self-Nomination Form that each of the immunization requirements has been met by initialing each requirement.
  - e. Current APFT – The officer must provide a copy of FMRB(c) (or equivalent form) indicating successful completion of the APFT within the last year. This form must be completed and signed by the PHS officer that evaluated the APFT. The evaluator should select only one option from each of the three testing areas and record the appropriate score (time or number completed). If the officer completed the APFT at the COA Conference in Scottsdale, AZ, the officer may simply check the appropriate box on the FMRB(c) and sign the form.
  - f. Additional Items – Each of the additional criteria are verified independently by CCRF. Although the officer need not submit any additional material, the officer must indicate completion of the additional criteria by initialing each item.
6. The officer must verify that each criteria has been met, documented and initialed. The officer may then submit the complete packet to CCRF for review and award nomination.
7. Questions and comments should be directed to:  
CDR Dan Beck  
Medical Readiness Manager  
Commissioned Corps Readiness Force  
Office of the Surgeon General  
12300 Twinbrook Parkway Ste 360  
Rockville, MD 20857  
301-443-8322  
dbeck@osophs.dhhs.gov



# Field Medical Readiness Badge (FMRB) Height/Weight Form



Last Name	First Name	PHS Serial Number

This is to certify that the above referenced Commissioned Officer of the United States Public Health Service has been examined and the following height and weight information has been observed:

Height	FT	IN
Weight		LBS
Age		

_____/_____/_____ Officer	_____/_____/_____ Date	_____/_____/_____ Provider	_____/_____/_____ Date
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<b>CCRF Use Only</b>
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# Field Medical Readiness Badge (FMRB) Completion of Clinical Hours Form



Officer

Last Name	First Name	PHS Serial Number

This is to certify that the above referenced Commissioned Officer of the United States Public Health Service has performed hands-on clinical care under my supervision and that the officer demonstrated sufficient and adequate skills during the provision of this care.

Start of Assignment	/ /
Supervisor Name	
Supervisor Phone	( ) -
Name of Institution	
Total Hours within Previous Year	
Nature of Clinical Work Performed	

Officer

Date

Supervisor

Date

CCRF Use Only



# Field Medical Readiness Badge (FMRB) Annual Physical Fitness Test (APFT) Form



## Officer

Last Name	First Name	PHS Serial Number

## Evaluator

Last Name	First Name	PHS Serial Number

This is to certify that the above referenced Commissioned Officer of the United States Public Health Service has performed the CCRF Annual Physical Fitness Test (APFT) and has been observed by the evaluator referenced above. The official scores of the APFT are recorded and certified below:

<b>Date of APFT</b>	/ /
<b>Age of Officer</b>	
<b>Cardiovascular Endurance</b>	
1.5 Mile Run <input type="checkbox"/>	Min      Sec
450 Meter Swim <input type="checkbox"/>	
500 Yard Swim <input type="checkbox"/>	
<b>Core Muscle Strength</b>	
Sit-ups <input type="checkbox"/>	Total
Side Bridge <input type="checkbox"/>	Min      Sec
<b>Upper Body Strength</b>	
Push-ups <input checked="" type="checkbox"/>	Total

☐ I certify that I completed the APFT during one of the following events:

- 2003 SG Run/APFT in Scottsdale, AZ
- CCRF Basics – USUHS
- CCRF Basics – San Diego
- CCRF Basics – Jacksonville
- CCRF Basics – Anniston

Officer

Date

Evaluator

Date

**CCRF Use Only**